

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28						
29	1					
30		1				
31	1					
32			1			
33						
34	1					
35						
36			1			
37						
38	1					
39			1			
40						
41						
42						
43						
44			1			
45	1					
46		1				
47			1			
48	1					
49						
50						
TOTAL IND.	9		↓			
TOTAL DEP.	34	↔		↔		↔
TOTAL CLAIMS	45	↔		↔		↔

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS